



A PH Company

PART 1

DELAWARE LEVEL 1 INTERCONNECTION APPLICATION & AGREEMENT

With Terms and Conditions for Interconnection
(Lab Certified Inverter-Based Small Generator Facilities Less than or Equal to 10 kW)

(Application & Conditional Agreement – to be completed prior to installation)

INTERCONNECTION CUSTOMER CONTACT INFORMATION

Customer Name: George Parker

Mailing Address: 414 Greenwood Drive

City: Wilmington State: DE Zip Code: 19808

Contact Person/Authorized Agent (If other than above): _____

Mailing Address (If other than above): _____

Telephone (Daytime): 302-383-4398 (Evening): _____

Fax Number: 302-384-7237 E-Mail Address (Required): georgeparker3rd@aol.com

Alternate Project Contact Information: (if different from Customer-Generator above)

Alternate Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone (Daytime): _____ (Evening): _____

Fax Number: _____ E-Mail Address: _____

If an email is provided for your alternate contact, that contact will receive all email communications.

FACILITY INFORMATION

Facility Address: 414 Greenwood Drive

City: Wilmington State: DE Zip Code: 19808

DPL Account #: 5500 3895 277 Meter #: NXA107866495

Current Annual Energy Consumption (optional): _____ kWh

Check if this Facility (building) is, or is going to be, NEW CONSTRUCTION: ☐

Estimated Commissioning Date: 7-7-18

Energy Source: Solar PV Prime Mover: Photovoltaics

Type of Application: Initial ☐ Addition/Upgrade ☒ ¹

Initial Rating: DC Generator Total² Nameplate Rating: 4.356 (kW),
AC Inverter Total³ Rating 4.5 (kW), AC
System Design Total Capacity⁴: 4.5 (kW) (kVA)

Added Rating (if upgrade): DC Generator Total Nameplate Rating: 4.64 (kW),
AC Inverter Total Rating 5.0 (kW),
AC System Design Total Capacity: 5.0 (kW) (kVA)

Total Rating (if upgrade): DC Generator Total Nameplate Rating: 8.996 (kW),
AC Inverter Total Rating 9.5 (kW),
AC System Design Total Capacity: 9.5 (kW) (kVA)

Generator (or PV Panel) Manufacturer, Model #⁵: Mission Solar MSE290SB1A

A copy of Generator nameplate and Manufacturer's Specification Sheet may also be submitted

Number of Generators (or PV Panels): 16

Type of Tracking if PV: Fixed ☒ Single Axis ☐ Double Axis ☐

Array Azimuth if PV: 165 ° Array Tilt if PV: 27 °

Shading Angles if PV at E, 120°, 150°, S, 210°, 240°, W: ° (Separate with commas)

Inverter Manufacturer⁶: Fronius USA Model Number(s) of Inverter⁷: Primo 5.0

Number of Inverters⁸: 1 Inverter Type: Forced Commutated ☐ Line Commutated ☒

Ampere Rating: 60 Amps_{AC}, Number of Phases: ☒ 1 ☐ 3

Nominal Voltage Rating: 240 V_{AC}, Nominal DC Voltage: 330 V_{DC},

Power Factor: 96.5 %, Frequency: 60 Hz, Efficiency: 97 (%)

DPL Taggable, Lockable, Accessible Disconnect⁹: ☒ Yes ☐ No,

If Yes, Location: Next to meter

One-line Diagram Attached (Required): ☒ Yes ☐ No,

Site Plan Attached (Required): ☒ Yes ☐ No

Do you plan to export power?¹⁰ ☒ Yes ☐ No, If Yes, Estimated Maximum: 9.0 kW_{AC}

Estimated Gross Annual Energy Production: 8,512 kWh

Is the inverter IEEE/UL1741 lab certified? Yes ☒ No ☐

(If yes, attach manufacturer's cut sheet showing listing and label information from the appropriate listing authority, e.g. UL 1741 listing. If no, facility is not eligible for Level 1 Application.)

¹ Initial if first time generator request. Addition/Upgrade if this is an add-on to a previously approved system.

² Sum of all generators or PV Panels

³ Sum of all inverters

⁴ This will be your system design capacity based upon your unique system variables.

⁵ If more than one type, please list all manufacturers and model numbers.

⁶ If more than one manufacture, please list all.

⁷ If more than one model number, please list all.

⁸ Attach additional sheets as necessary in the event of multiple inverters of various types/sizes

⁹ This is strongly recommended by the utility. Best practice is to have an externally accessible, lockable, disconnect with visible open/close connection and to have appropriate signage on the disconnect, such as 'Solar PV AC Disconnect' (preferably red) and on the meter housing 'Caution, Solar Electric System' (preferably yellow). If the disconnect is not in the immediate vicinity of the meter, please include the disconnect location on the meter signage. This enables the utility and first responders to more quickly deal with an emergency situation.

¹⁰ Yes, if your expected maximum output of the inverter (kW AC) is greater than the lowest load you anticipate at your facility during maximum PV output (kW). The difference would be the amount you may export.

EQUIPMENT INSTALLATION CONTRACTOROwner (Customer) Installed: ☐ Yes ☒ NoContractor Name: Star EnrgMailing Address: 5700 Kirkwood Hwy 106City: WilmingtonState: DEZip Code: 19808Telephone (Daytime): 302-397-8917

(Evening): _____

Fax Number: 302-397-2504E-Mail Address (Required): solar@starenrg.com**ELECTRICAL CONTRACTOR**Electrical Contractor Name: Star EnrgMailing Address: 5700 Kirkwood Hwy 106City: WilmingtonState: DEZip Code: 19808Telephone (Daytime): 302-397-8917

(Evening): _____

Fax Number: 302-397-2504E-Mail Address: solar@starenrg.comLicense number: TI-0006119Active License? Yes ☒ No ☐Is small generator facility eligible for Net Metering? Yes ☒ No ☐**INSURANCE DISCLOSURE**

The attached terms and conditions contain provisions related to liability and indemnification, and should be carefully considered by the interconnection customer. The interconnection customer is not required to obtain general liability insurance coverage as a precondition for interconnection approval; however, the interconnection customer is advised to consider obtaining appropriate insurance coverage to cover the interconnection customer's potential liability under this agreement.

CUSTOMER SIGNATURE

I hereby certify that: 1) I have read and understand the terms and conditions which are attached hereto by reference and are a part of this Agreement; 2) I hereby agree to comply with the attached terms and conditions; and 3) to the best of my knowledge, all of the information provided in this application request form is complete and true. I consent to permit the PSC and interconnecting utility to exchange information regarding the generating system to which this application applies.

Interconnection Customer Signature: G. Raymond M. Date: 5/7/2018Printed Name: George R Parker Title: owner

Conditional Agreement to Interconnect Small Generator Facility (for EDC use only)

Receipt of the application fee is acknowledged and, by its signature below, the EDC has determined the interconnection request is complete. Interconnection of the small generator facility is conditionally approved contingent upon the attached terms and conditions of this Agreement the return of the attached Certificate of Completion duly executed, verification of electrical inspection and successful witness test or EDC waiver thereof.

EDC Signature: _____ Date: _____

Printed Name: _____ Title: _____

EQUIPMENT INSTALLATION CONTRACTOROwner (Customer) Installed: ☐ Yes ☒ NoContractor Name: Star EnrgMailing Address: 5700 Kirkwood HighwayCity: WilmingtonState: DEZip Code: 19808Telephone (Daytime): 302-397-8917

(Evening): _____

Fax Number: _____

E-Mail Address: Solar@StarEnrg.com**FINAL ELECTRIC INSPECTION AND INTERCONNECTION CUSTOMER SIGNATURE**

The Small Generator Facility is complete and has been approved by the local electric inspector having jurisdiction. A signed copy of the electric inspector's form indicating final approval is attached. The Interconnection Customer acknowledges that it shall not operate the Small Generator Facility until receipt of the final acceptance and approval by the EDC as provided below.

Signed: George Raymond Parker Date 6/4/2018
(Signature of interconnection customer)Printed Name: George ParkerCheck if copy of signed electric inspection form is attached ☐**ACCEPTANCE AND FINAL APPROVAL FOR INTERCONNECTION (for EDC use only)**

The interconnection agreement is approved and the Small Generator Facility is approved for interconnected operation upon the signing and return of this Certificate of Completion by EDC:

Electric Distribution Company waives Witness Test? (Initial) Yes (cac) No (____)

If not waived, date of successful Witness Test: _____ Passed: (Initial) (____)

EDC Signature: Connie ChristopherDigitally signed by Connie Christopher
DN: cn=Connie Christopher, o, ou,
email=constance.christopher@delmarv
a.com, c=US
Date: 2018.08.18 14:10:45 -0400Date: 08/18/2018Printed Name: Connie ChristopherTitle: Account Coordinator



First State Inspection Agency, Inc.
1001 Mattlind Way
Milford, DE 19963

1-800-468-7338
302-422-3859

Henderson, Marquis
690 Dairy Drive
Smyrna, DE 19977

CERTIFICATE

Final Inspection Date:	6/8/18
Application #:	48128
Owner:	George Parker
Customer Job #:	
Occupancy:	4.64 KW Solar
Location:	414 Greenwood Drive/Wilmington, New Castle Co., DE

This certifies that the installation of electrical equipment listed on referenced application has been approved as meeting the requirements of the National Electric Code, utility, municipalities and Agency rules. Any modification, addition or alteration of the electrical system, after the date of final inspection, will require a new application for inspections and certifications.


Chief Electrical Inspector

F.S. CERT

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